WEEK	LY WORK/	LEAVE E	FFORT	RECORD	NORM	1AL WORK SCHEDU	JLE: TIMI	IN		TIME	E OUT _			EMPL	OYEE					
DIST	LIF	E NUMBER	l l	EMPLOYEE N	AME					ENDING		CODES		SIGNATURE						
														APPR	OVAL					
												, i					1			
	DATE																			
	DAY OF THE WEEK			MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATU		JRDAY SUN		JNDAY	TOTAL	
	TIME IN																			
	TIME OUT																			
	AF	PPROVAL	Pre:	Post:	Pre:	Post:	Pre:	Post:		Pre:	Post:	Pre:	Post	:	Pre:	Post:	Pre:	Post:		
	HOURS V	WORKED						'					'							
SNC	VA	ACATION																		
LEAVE & EXCEPTIONS	SICK LEAVE																			
& EX																				
LEAV																				
FOR PAYROLL USE ONLY						,														
FC	FOR PATROLL USE OINLI																			
VEEK	LY LABOR	COST	CHARG	E RECORD										EMPL	OYEE					
DIST	LIF	LIFE NUMBER		EMPLOYEE N	AME	E				PERIOD ENDING		CODES								
														Δ PPR	APPROVAL					
													<u> </u>	AITI			1 INSTI	RUCTIONS		
		DATE															Fill in hours worked by account on a daily basis			
Α	CCOUNT#	CODE	MONDAY		TUESDAY	WEDNES	DAY	AY THURSD		FRIDAY		SATURDAY		SUNDA	r	TOTAL		Additional accounts that you have been authorized to work on by your supervisor may be written		
																		Account # colum of the card.	nn. Check totals; sign both	
EFFORT																	FAMII	LY MEDICAL L	EAVE ACT	
																	Use o	f the following	codes not permissible om Liberty Mutual for	
																	that d	lay		
											Tot	Total of "Ef		Effort By Account" must equal "Hours Worked"		in a su	Pending but not approved days can be corrected in a subsequent week by a "blue card"			
	EKLY LEAVE RECORD (TOP HALF OF CARD) INSTRUCTIONS  The 24 hour system (0001-2400) will be used exclusively when recording time.  D Doctor/Dentist Visit ML Military Leave SOI Occupational Injury											FML LWP-non pay; used for employee or family member (see LWP policy)								
. TII	ME IN: Enter	exact time	ne on duty as required.			8	DL Death Lea					No Lunch		SR Special Rate				FLS Sick; used for employee only		
	TIME OUT: Enter exact time of work completion.  Overtime claims must be approved by authorized personnel.						Е	Special Exc	cused Abs	ence NM	IP No	Meal Period	-	TRO T	aining On Ov	On Overtime		FLV Vacation; used for employee or family membe		
. но	HOURS WORKED: Record only the hours worked for the day.  LEAVE & EXCEPTIONS: Indicate all leave and exceptions to the regular schedule  ER								y Call-in s Request	NS RPC		t Scheduled er to Previous Card		UA Unauthorized Absence V/P Vacation/Personal Time				FMF SFM; used for employee's family member only (see SFM policy)		
usi	ng the symbo	ols at right	t.		•		Н	Holiday	·	SFM		k Family Member			acation Bough	t (Purchased)	Firefighters Only:			
. Sig	gnature asserts that the hours on this timecard represent the correct work  JD Jury Duty  SHS Sent Home Sick											MFS	MFS Sick; used for employee only							

SNC Short Notice Shift Change

MFV Vacation; used for employee or family member

MFF SFM; used for employee's family member only

(see SFM policy)

LWP Leave Without Pay

effort/leave time and that any training on overtime hours are indicated using the